U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25292			2. Fiscal Year Covered From:		
		, –	01 / 01 / 05 Through: 12 / 31 / 05		
3. Name	and address of person	filing.	Name, file number, and address of labor organization.		
Name	Gene	T Nishimoto	Name International Union of Elevator Constructo Local 126 Labor Organization File Number 37074		
P.O. Bo	x, Bldg., Room No., if a	ny	P.O. Box, Building and Room Number, if any		
Street	98-209 Oa St		Street 707 Alakea St., Rm. 314		
City	Aiea,		City Honolulu,		
State	HI	ZIP Code + 4 96701	State HI ZIP Code + 4 96813		
5. Positio	n in labor organization.	Vice President			

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ	h, or derived income or other economic benefit of nization represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	, .
	7.b. Amount,
Street	
City	
State Z1P Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompundersigned's knowledge and belief, true, correct, and complete. (See the	panying docur	nents), has been ex	amined by the signatory and is, to the best of the
Signed Square and a signed	Ou	3/30/06 Date	808-536-8653 Telephone Number

Name of Person Filing	Gene T. Nishimoto	File Number U-		
	oene it mieniemoto			

B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individually with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Bank of Hawaii Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 3170 Street City Honolulu State HI ZIP Code +4 96802-3170	9. Business deals with: X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Golf Tournament
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$380.00 12.a. Nature of interest held or income received. Golf Tournament
	12.b. Amount. \$380.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name . '		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City _		
State . ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	